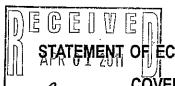
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT



ENT OF ECONOMIC INTERESTS

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| lease type or print in ink. | Of the first and O of the |
|---|---|
| MME OF FILER (LAST) | KENNETH 2011 MARD WARD 53 |
| Office, Agency, or Court | CITY OF PACIFIC GROVE |
| Agency Name | |
| Division, Board, Department, District, if applicable | Your Position CITY COUNCIL MEMBER |
| ▶ If filing for multiple positions, list below or on an attachment. | |
| Agency: | Position: |
| Jurisdiction of Office (Check at least one box) | |
| ☐ State | ☐ Judge (Statewide Jurisdiction) |
| Multi-County | County of |
| Acity of PACIFIC GROVE | Other |
| Type of Statement (Check at least one box) | |
| Annual: The period covered is January 1, 2010, through De 2010. | ecember 31, Leaving Office: Date Left//(Check one) |
| The period covered is/, through Dec 2010. | cember 31, O The period covered is January 1, 2010, through the date of leaving office. |
| Assuming Office: Date | The period covered is/, through the date of leaving office. |
| Candidate: Election Year Office so | ught, if different than Part 1: |
| Schedule Summary | |
| Check applicable schedules or "None." | ► Total number of pages including this cover page: |
| Schedule A-1 - Investments – schedule attached | Schedule C - Income, Loans, & Business Positions – schedule attached |
| Schedule A-2 - Investments – schedule attached | Schedule D - Income - Gifts - schedule attached |
| Schedule B - Real Property - schedule attached | Schedule E - Income - Gifts - Travel Payments - schedule attached |
| *Or- | |
| ☐ Notie - No report | able interests on any schedule |
| | |
| | |
| | |
| | |
| | |
| nerein and in any attached schedules is true and complete. I acki | nowledge this is a |
| I certify under penalty of perjury under the laws of the State of | of California that |
| Date Signed 3/12/20// | Signature |
| P | |

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name CUNED |

| ► NAME OF BUSINESS ENTITY > | NAME OF BUSINESS ENTITY GOLDMAN SACAS |
|--|--|
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| DRUG MANUFACTURER | FINANCE + BANKING |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| S2,000 - \$10,000 X \$10,001 - \$100,000 S100,001 - \$1,000,000 Over \$1,000,000 | \$2,000 - \$10,000 |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) | (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | / / 10 / 10 ACQUIRED DISPOSED |
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY TRIV |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| PETROLEUM PRODUCTS | TECHNOLOGY |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT ☑ Stock ☐ Other |
| (Describe) Partnership O Income Received of \$0 - \$499 | (Describe) Partnership O Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| / | |
| NAME OF BUSINESS ENTITY | NAME OF BUSINESS ENTITY |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY | GENERAL DESCRIPTION OF BUSINESS ACTIVITY |
| BEVERAGES, LIQUORS, BEER | |
| FAIR MARKET VALUE | FAIR MARKET VALUE |
| X \$2,000 - \$10,000 | \$2,000 - \$10,000 |
| | |
| NATURE OF INVESTMENT Stock Other | NATURE OF INVESTMENT Stock Other |
| (Describe) Partnership O Income Received of \$0 - \$499 | (Describe) Partnership O Income Received of \$0 - \$499 |
| O Income Received of \$500 or More (Report on Schedule C) | O Income Received of \$500 or More (Report on Schedule C) |
| IF APPLICABLE, LIST DATE: | IF APPLICABLE, LIST DATE: |
| | |
| ACQUIRED DISPOSED | ACQUIRED DISPOSED |
| Comments: | |